



**Wyoming Secretary of State**

State Capitol Building, Room 110  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: business@state.wy.us

Max Maxfield, WY Secretary of State

FILED: 12/17/2014 08:50 AM

ID: 2014-000677680

**Limited Liability Company  
Articles of Organization**

**1. Name of the limited liability company:**

Medowood Management, LLC

**2. Name and physical address of its registered agent:**

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

Corporation Service Company  
1821 Logan Avenue  
Cheyenne, WY 82001

**3. Mailing address of the limited liability company:**

8502 E. Chapman, Suite 609  
Orange, CA 92869

**4. Principal office address:**

8502 E. Chapman, Suite 609  
Orange, CA 92869

**Signature:**

*(Shall be executed by an organizer.)*

**Date:**

12/12/14  
*(mm/dd/yyyy)*

**Print Name:**

Amanda J. Beren

**Contact Person:**

Amanda J. Beren

**Daytime Phone Number:**

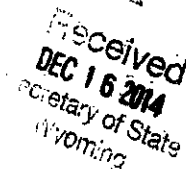
888-449-2638

**Email:**

aberen@corpnet.com

**Other Requirements:**

- An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.





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## Consent to Appointment by Registered Agent

I, Corporation Service Company, registered office located at  
(name of registered agent)

Corporation Service Company  
1821 Logan Avenue  
Cheyenne, WY 82001 voluntarily consent to serve

\* (registered office physical address, city, state & zip)

as the registered agent for Medowood Management, LLC  
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: Brandy Vendrick  
(shall be executed by the registered agent.)

Date: 12-10-2014  
(mm/dd/yyyy)

Print Name: Brandy Vendrick Daytime Phone: (302) 636-5440

Title: Assistant VP Email: info@cscglobal.com

Registered Agent Mailing Address  
(if different than above):

\*If this is a new address, complete the following:

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: \_\_\_\_\_  
(shall be executed by the registered agent.)

Date: \_\_\_\_\_  
(mm/dd/yyyy)

### Checklist

- ☒ Submit one originally signed consent to appointment and one exact photocopy.

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF ORGANIZATION**

**Medowood Management, LLC**

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 17th day of December, 2014.



Filed Date: 12/17/2014


  
Secretary of State


By: Chris Hoshaw

**WYOMING SECRETARY OF STATE  
OFFICIAL RECEIPT**

Thank you for your payment!

**DO NOT PAY!  
THIS IS NOT A BILL.**Amount Paid: **\$103.00**Receipt #: **823037**Receipt Date: **December 17, 2014**Processed By: **CHRIS HOSHAW**Corp #: **2014-000677680****CorpNet, Incorporated  
340 N Westlake Blvd Ste 210  
WESTLAKE VILLAGE, CA 91362**

Payment	Reference	Amount
CHECK	6821	103.00
<b>TOTAL PAYMENT</b>		<b>\$103.00</b> 

Description of Charges	Invoice #	Sec. File #	Quantity	Unit Price	Total
CT - Certification			1	3.00	3.00
LCD - Limited Liability Company - Domestic			1	100.00	100.00
<b>TOTAL CHARGES PAID</b>					<b>\$103.00</b> 

**In Reference To:**

Meadowood Management, LLC

**Comments:****SECRETARY OF STATE  
State Capitol, 200 W. 24th St.  
Cheyenne, WY 82002-0020****PAD or Billing Questions?  
(307) 777-5343  
SOSAdminServices@wyo.gov**